



ManhattanLife™

Standing By You. Since 1850.



PAID

Personal Accident Indemnity Delivery

This is a Accident Only Insurance Policy
Underwritten by ManhattanLife Assurance Company of America

PAID13AZCAIDNMVA-BR 0420

PAID

Personal Accident Indemnity Delivery



This is an Accident Only Insurance Policy

PLAN BENEFITS

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit Benefit
- Emergency Room Treatment
- Optional Wellness Benefits

You're injured, you need emergency treatment, and you end up confined in the hospital for five days. "Accidents happen," the old saying goes. "You can't plan on them, but you can plan for them."

People call them accidents for a reason; they are unplanned and can happen to anyone at the most inopportune times.

When an accident affects your livelihood or that of a family member, having a plan for the unexpected can be invaluable. ManhattanLife Assurance's Personal Accident Indemnity Delivery product (PAID) can provide you with a vital piece of that plan. The PAID plan **helps you pay for out-of-pocket expenses** and provides benefits to you or your family for many of the accidents that can happen without warning.

Additionally, our policy is flexible in both benefits and its options. You can purchase the policy as either **24-hour** on or **off-the-job** only. With PAID, eligible issues ages are **18-64**, and is **guaranteed renewable until age 70**, subject to our right to change premium rates.

Accidents Happen

- More than one in four of today's 20-year-olds can expect to be out of work for at least a year because of a disabling condition before they reach the normal retirement age. ¹
- There were approximately 2.8 million nonfatal workplace injuries and illnesses reported by private industry employers in 2017. ²
- There were 882,730 occupational injuries and illnesses in 2017 that resulted in days away from work in private industry. ²
- Those who've faced household medical bill problems report struggling to make payments, both for their medical and non-medical bills. 61% say they have been late on a payment for a medical bill, and 56% say they've missed a payment. Similarly 56% report being late and 46% report missing payments for non-medical. ³

Sources for statistics: ¹ disabilitycanhappen.org/disability-statistic March 28, 2018; ² Bureau of Labor Statistics, 11/08/2018 News Release: Employer-Reported Workplace Injuries and Illnesses; ³ The Burden of Medical Debt: Results from the Kaiser Family Foundation/New York Times Medical Bills Survey, January 5, 2016

Our plan pays benefits for Accidents, big and small.

BENEFIT HIGHLIGHTS INCLUDE:

- Accidental Death
- Hospital Admission and Confinement
- Intensive Care Unit
- Air and Ground Ambulance
- Emergency Room Treatment
- Emergency Dental
- Lodging
- Transportation
- Surgery

Also included are benefits for burns, dislocations, fractures, dismemberment, eye injuries, and major diagnostic exams. Benefits are outlined on the following page and the policy explains in detail any limitations and/or exclusions.

PRODUCT FEATURES

- Helps you pay for out-of-pocket expenses
- 24-hour on or off-the-job only
- Issue ages 18 - 64
- Guaranteed renewable to age 70, subject to our right to change premium rates
- Choose one or two units

OPTIONAL ANNUAL WELLNESS BENEFIT RIDER*

\$60 paid each year per covered person under the policy for any one of the following examinations:

- Annual Physical Examination
- Dental Exam
- Mammogram
- Pap Smear
- Eye Examination
- Immunization
- Flexible Sigmoidoscopies
- PSA Test
- Ultrasounds
- Blood Screening Test

The Policy must be in force 30 days before this benefit is payable.

* Not approved in CA.

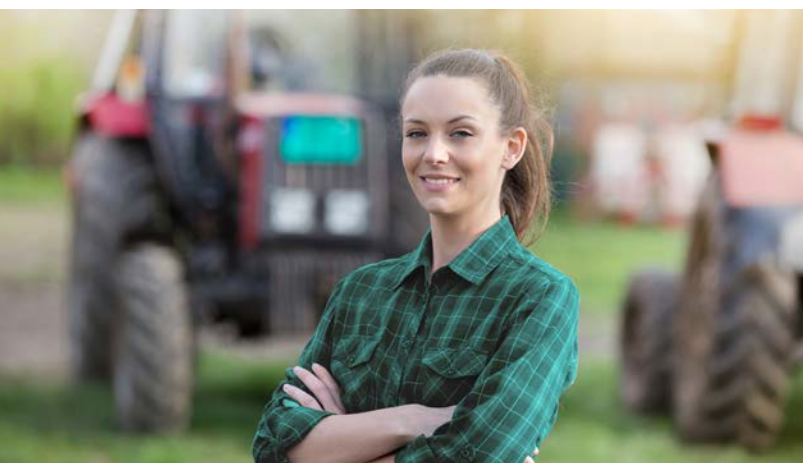
Riders may not be available in all states.

PAID BENEFITS

BENEFIT DESCRIPTION	ONE-UNIT	TWO-UNITS
Air Ambulance Air transportation within 48 hours. Once per Covered Accident.	\$500	\$500
Ambulance Ground transportation within 90 days. Once per Covered Accident.	\$100	\$100
Accidental Death Within 90 days of covered accident, and caused by resulting injury/injuries. ¹	\$25,000 Employee \$10,000 Spouse ² \$5,000 Child	\$50,000 Employee \$20,000 Spouse ² \$10,000 Child
Accidental Death (Via Common Carrier) Death must occur within 90 days of covered accident while fare-paying passenger on a common carrier (plane, bus, train). ¹	Accidental Benefit will be doubled	Accidental Benefit will be doubled
Emergency Room Treatment Treatment sought within 72 hours of Covered Accident.	\$200	\$200
Hospital Admission Confined within 180 days. Once per Covered Accident. (minimum of 20 hours)	\$500	\$1,000
Hospital Confinement Confined within 180 days. Maximum of 90 days.	\$100 per day	\$200 per day
Hospital Intensive Care Unit Within 30 days of Covered Accident. Maximum of 15 days.	\$200 per day	\$400 per day
Major Diagnostic Exams Angiogram, CT and CTA scan; MRI, MRA or EEG as result of a Covered Accident.	\$100 per calendar year	\$200 per calendar year
Physicians Office/Urgent Care Within 60 days of Covered Accident. Once per Covered Accident.	\$50	\$50
Blood, Plasma and Platelets Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	\$300 primary insured \$200 Spouse ² /dep child	\$300 primary insured \$200 Spouse ² /dep child

¹ In VA: Accidental Death and Accidental Death (Via Common Carrier) - The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident, irrespective of disability, or occurs within one year from the date of the Covered Accident and during a period of continuous total disability resulting from the Covered Accident and commencing within 30 days of the date of the Covered Accident.

² In CA, Spouse / Domestic Partner.



BENEFIT DESCRIPTION	ONE-UNIT	TWO-UNITS
<p>Burn Treated within 72 hours of a Covered Accident. Once per Covered Accident. *Spouse¹ and Child</p>	<p>\$375/150* for 2nd degree burns on at least 36% of the body \$750/300* for 3rd degree burns on at least 1% but less than 20% of the body \$5,000/2,000* for 3rd degree burns on 20% or more of the body</p>	<p>\$750/300* for 2nd degree burns on at least 36% of the body \$1,500/600* for 3rd degree burns on at least 1% but less than 20% of the body \$10,000/4,000* for 3rd degree burns on 20% or more of the body</p>
<p>Emergency Dental Work Once per Covered Accident regardless of teeth involved.</p>	<p>\$150 repairs with crown \$50 for extraction</p>	<p>\$300 repairs with crown \$100 for extraction</p>
<p>Dislocation (separated joint) Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.</p>	<p>\$50 - \$2,000 (policy contains complete schedule)</p>	<p>\$100 - \$4,000 (policy contains complete schedule)</p>
<p>Fracture (broken bone) Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident.</p>	<p>\$25 - \$2,500 (any Insured) (policy contains complete schedule)</p>	<p>\$50 - \$5,000 (any Insured) (policy contains complete schedule)</p>
<p>Gunshot Wounds Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only.</p>	<p>\$500</p>	<p>\$500</p>
<p>Laceration Lacerations requiring repair by a physician within 72 hours of a Covered Accident.</p>	<p>\$50 - \$400 (based on length of lacerations, see policy)</p>	<p>\$100 - \$800 (based on length of lacerations, see policy)</p>
<p>Lodging Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days</p>	<p>\$100 per night</p>	<p>\$100 per night</p>
<p>Eye Injury Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object.</p>	<p>\$200</p>	<p>\$200</p>
<p>Knee Cartilage - Torn Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days.</p>	<p>\$500 \$100 for exploratory surgery</p> <p><i>(less any benefit paid for arthroscopic surgery previously performed)</i></p>	<p>\$1,000 \$200 for exploratory surgery</p>
<p>Transportation Round trip when hospital confined and distance is more than 100 miles round trip from residence. Three round trips per Covered Accident.</p>	<p>\$300 round trip</p>	<p>\$300 round trip</p>
<p>Surgery Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. Except in VA, hernia repair not covered. Once per Covered Accident.</p>	<p>\$1,000 for thoracic, open abdominal \$100 for exploratory surgery</p>	<p>\$1,000 for thoracic, open abdominal \$100 for exploratory surgery</p>

¹ In CA, Spouse / Domestic Partner.



BENEFIT DESCRIPTION

<p>Epidural Pain Management</p> <p>Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for an epidural administered during a surgical procedure.</p>	<p>\$100 paid no more than twice per Covered Accident, per Covered Person.</p>
<p>Physical Therapy</p> <p>Payable when a Covered Person receives emergency treatment for on or Off-the-Job Injuries sustained in a Covered Accident and later a physician advises the Covered Person to seek treatment from a licensed physical therapist. Physical therapy must be for on or Off-the-Job Injuries sustained in a Covered Accident and must start within 30 days of the Covered Accident or discharge from hospital. The treatment must take place within six months after the accident.</p>	<p>\$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.</p>
<p>Rehabilitation Unit</p> <p>Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment of on or Off-the-Job Injuries sustained in a Covered Accident and a charge is incurred. The Rehabilitation Unit Benefit will not be payable for the same day(s) that the Accident Hospital Confinement Benefit is paid. The highest eligible benefit will be paid. No lifetime maximum.</p>	<p>\$150 per day, limited to 30 days for each Covered Person per period of Hospital Confinement and limited to a calendar year maximum of 60 days.</p>
<p>Prosthesis</p> <p>Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.</p>	<p>\$750 once per Covered Accident, per Covered Person.</p>
<p>Accidental Dismemberment</p> <p>We will pay the applicable lump sum benefit indicated in the policy for dismemberment. Dismemberment must occur as a result of on or Off-the-Job Injuries sustained in a Covered Accident and must occur within 90 days of the accident.¹ Only the highest single benefit per Covered Person will be paid for dismemberment. Benefits will be paid only once per Covered Person, per Covered Accident. If death and dismemberment result from the same accident, only the Accidental Death Benefit will be paid. Loss of use does not constitute dismemberment, except for the eye injuries resulting in at least 80% of vision that is permanently lost. See schedule in policy.</p>	<p>\$625 - \$40,000</p>
<p>Appliances</p> <p>Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.</p>	<p>\$125 per Covered Accident, per Covered Person.</p>

¹ In VA: Accidental Dismemberment - The injury must be the cause of the Insured Person's death and occur within 90 days after the Covered Accident, irrespective of disability, or occurs within one year from the date of the Covered Accident and during a period of continuous total disability resulting from the Covered Accident and commencing within 30 days of the date of the Covered Accident.

PAID Rates

Form HPACC13-24 Accident Policy Rate Schedule								
	Weekly Premium		Bi-Weekly Premium		Semi-Monthly Premium		Monthly Premium	
	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units	One Unit	Two Units
24-Hour Coverage								
Employee	\$4.23	\$5.08	\$8.46	\$10.15	\$9.17	\$11.00	\$18.33	\$22.00
Employee/Spouse	\$5.96	\$7.38	\$11.92	\$14.77	\$12.92	\$16.00	\$25.83	\$32.00
Employee/Child	\$5.96	\$7.38	\$11.92	\$14.77	\$12.92	\$16.00	\$25.83	\$32.00
Family	\$7.69	\$9.69	\$15.38	\$19.38	\$16.67	\$21.00	\$33.33	\$42.00
Off-the-Job Coverage Only								
Employee	\$3.58	\$4.15	\$7.15	\$8.31	\$7.75	\$9.00	\$15.50	\$18.00
Employee/Spouse	\$5.60	\$6.75	\$11.19	\$13.50	\$12.13	\$14.63	\$24.25	\$29.25
Employee/Child	\$5.60	\$6.75	\$11.19	\$13.50	\$12.13	\$14.63	\$24.25	\$29.25
Family	\$6.52	\$8.08	\$13.04	\$16.15	\$14.13	\$17.50	\$28.25	\$35.00

Wellness Rider*				
	Weekly Premium	Bi-Weekly Premium	Semi-Monthly Premium	Monthly Premium
Employee	\$0.69	\$1.38	\$1.50	\$3.00
Employee/Spouse	\$1.38	\$2.77	\$3.00	\$6.00
Employee/Child	\$1.38	\$2.77	\$3.00	\$6.00
Family	\$2.08	\$4.15	\$4.50	\$9.00

* Not available in CA



ManhattanLife[™]

Standing By You. Since 1850.

Underwritten by:

ManhattanLife Assurance Company of America

10777 Northwest Freeway, Houston, Texas 77092

Benefits and riders may vary by state and may not be available in all states.

This is not a complete disclosure of plan qualifications and limitations. Please access our website to obtain a completed list for the PAID product at **disclosure.manhattanlife.com**.

Please review this information before applying for coverage. The amounts of benefits provided depend on the plan selected. Premiums will vary according to the selection made.

Policy Form Numbers: HPACC 13-24-AZ, HPACC 13-NOC-AZ, HPACC 13-24-CA, HPACC 13-NOC-CA, HPACC 13-24-ID, HPACC 13-NOC-ID, HPACC 13-24-NM, HPACC 13-NOC-NM, HPACC 13-24-VA, HPACC 13-NOC-VA

Rider Form Numbers: HRWEL2010, HRWEL2010-NM

This brochure only provides a brief description of the important features of your policy. Only the actual policy provisions will control; therefore, it is important that you **READ YOUR POLICY CAREFULLY**.